

Early Neutral Evaluation Provider PASS Roster Supplemental Application

Name:	
For which ENE program(s) are you applying?	<p><u>1st District</u></p> <p>Carver: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Dakota: <input type="checkbox"/> SENE (2 provider) <input type="checkbox"/> ONESENE (1 provider) <input type="checkbox"/> FENE</p> <p>Goodhue: <input type="checkbox"/> SENE <input type="checkbox"/> FENE McLeod <input type="checkbox"/> SENE <input type="checkbox"/> FENE Scott: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Sibley: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><u>2nd District</u></p> <p>Ramsey: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><u>3rd District</u></p> <p>Dodge: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Fillmore: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Olmsted: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Rice: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Waseca: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Winona: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><u>4th District</u></p> <p>Hennepin: <input type="checkbox"/> Non-Family Court Services SENE</p> <p><u>5th District</u></p> <p>Blue Earth: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Brown: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Cottonwood: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Faribault: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Jackson: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Lincoln: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Lyon: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Martin: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Murray: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Nicollet: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Nobles: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Pipestone: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Redwood: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Rock: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Watonwan: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><u>7th District</u></p> <p>Clay: <input type="checkbox"/> SENE <input type="checkbox"/> FENE Otter Tail: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><u>8th District</u></p> <p>Big Stone: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p>

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	<p>Chippewa: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Grant: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Kandiyohi: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Lac qui Parle: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Meeker: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Pope: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Renville: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Stevens: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Swift: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Traverse: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Wilkin: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Yellow Medicine: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><u>9th District</u></p> <p>Itasca: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Koochiching: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><u>10th District</u></p> <p>Anoka <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>PICK (Pine, Isanti, Chisago, Kanabec—must apply to all 4 counties separately in PASS) <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Sherburne <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Washington <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Wright <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><u>Equal Access ENE</u></p> <p>Counties Selected in PASS <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p>
Have you ever received a public reprimand from the ADR Ethics Board?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation.
Have you ever been removed from the State ADR Roster by the ADR Ethics Board?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation.
Are you currently in good standing with the ADR Ethics Board?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. If no, attach an explanation.
Membership on other ENE Program Rosters:	<p>I am/was a member of the following ENE Program Rosters:</p> <p>County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past</p> <p>County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past</p> <p>County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past</p> <p>County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past</p> <p>County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past</p> <p>County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past</p> <p>County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past</p> <p>County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past</p> <p>County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past</p> <p>Attach an additional list if more lines are needed.</p>

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<p>Performance of court-ordered ENEs as a member of the ordering court’s ENE Roster:</p>	<p>I have performed the following number of court-ordered ENEs in these Programs as a member of the ordering court’s ENE Roster:</p> <p>County: _____ # of SENEs: _____.</p> <p>County: _____ # of FENEs: _____.</p> <p>County: _____ # of SENEs: _____.</p> <p>County: _____ # of FENEs: _____.</p> <p>County: _____ # of SENEs: _____.</p> <p>County: _____ # of FENEs: _____.</p> <p>County: _____ # of SENEs: _____.</p> <p>County: _____ # of FENEs: _____.</p>
<p>Have you ever been removed from an ENE Roster for any reason?</p>	<p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. If yes, attach an explanation.</p>
<p>If you are Licensed Attorney or Retired Attorney:</p>	<p>Are you in good standing with the Professional Responsibility Board of each state in which you are, or were, licensed?</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No. If no, attach an explanation.</p> <hr/> <p>Have you ever had any form of public discipline against you as an attorney, including, but not limited to, public reprimand, license suspension, or license revocation?</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. If yes, attach an explanation.</p> <hr/> <p>If you are a retired attorney, are you retired with a license in good standing?</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes.</p>
<p>If you are a Licensed Mental Health, Social Worker, Therapist, Certified Public Accountant, or hold another Professional License, other than an attorney’s license:</p>	<p>If you have not previously emailed a copy of your <u>current</u> license to PASS@courts.state.mn.us, make sure to do so.</p> <p>For each license, please answer here:</p> <ol style="list-style-type: none"> 1) type of license; 2) Are you in good standing with the granting board or authority for each license? If no, include an explanation. 3) Have you ever had any form of public discipline against your professional license, including, but not limited to, public reprimand, license suspension, or license revocation? If yes, include an explanation.
<p>Work Experience:</p>	<p>Number of years working substantially with families in divorce- or custody- related work?: _____</p> <p>Primary nature of your work: _____</p> <p>_____</p> <p>(attach additional paper if needed)</p>

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Ability to give a valid evaluative opinion:	Please attach an explanation as to <i>why you believe you possess enough expertise/experience to give a valid evaluative opinion as to what a court would do in a family law case involving custody and parenting time (if applying for SENE) or financial issues (if applying for FENE), or both (if applying for both).</i>
Location of in-person ENE sessions:	For providers who offer in-person ENE sessions in PASS, providers agree to hold in-person ENE sessions at a location within the county that ordered ENE, unless otherwise agreed by the parties, attorneys, and providers.
Signature:	<p>I acknowledge the above application, and all attached materials, are true and correct to the best of my ability.</p> <p>Applicant's Signature: _____</p> <p>Date: _____</p>

- You may submit a letter of recommendation from a provider (or providers) with whom you have partnered for SENE or from an attorney who represented a party during an FENE you performed along with your application.
- Be sure to attach all requested additional information and documentation to one email.
- Send the completed Supplemental Application and all attachments to: PASS@courts.state.mn.us.